

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003524

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1206** STATE FILE NUMBER

FILED FEB 8 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Edgewater Nursing Home		d. STREET ADDRESS (If outside, give location) 3841 Kingsland Ct.	
3. NAME OF DECEASED (Type or print) JOSEPH F. GRIESBAUM		4. DATE OF DEATH February 2, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-18-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector-Chevrolet Motor Co.		11. BIRTHPLACE (City and state or country) New Baden, Ill.	
13a. FATHER'S NAME Joseph Griesbaum		14. NAME OF HUSBAND OR WIFE Martha Miener Griesbaum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Martha M. Griesbaum 3841 Kingsland Ct.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident (Thrombosis) DUE TO (b) Essential Hypertension DUE TO (c) 332X		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:45 P.M. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis		
21. I attended the deceased from DEC. 13, 1962 to Feb 2, '63 and last saw him alive on Feb 2, 1963 Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED Feb 4, '63	
22a. SIGNATURE Paul Smith M.D.		22b. ADDRESS 5500 S. Broadway St. Louis	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 6, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. FEB 4 1963	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.		27. LOCATION (City, town, or county) St. Louis Co. Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

86

Ve 2-5800

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edwin A. McHernitt

Licensed Embalmer No.

3024

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.